

APPLICATION FOR SURVIVOR BENEFIT

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

See reverse side for instructions

PART I MEMBER AND BENEFICIARY INFORMATION

Certified Original Death Certificate Must Be Attached to This Form.

Deceased was a member of: ☐ Employees' Retirement System ☐ Teachers' Retirement System

Name of Deceased Member: _____
First Middle Last

Deceased's Social Security No.: _____ - - Date of Birth: _____ / _____ / _____

Date of Death: _____ / _____ / _____ Employing Agency: _____

Name of Beneficiary: _____
First Middle Last

Beneficiary Date of Birth: _____ Relationship to Deceased: _____

Beneficiary Social Security No.: _____ - - Beneficiary Telephone No.: (_____) _____

Beneficiary Address: _____
Street Address or P. O. Box City State Zip

PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

■ **For Spousal Beneficiary Only** (Please check either Part A or Part B):

Part A. ☐ Lump Sum Payment for Spousal Beneficiary: I elect to receive (at the above address) full distribution of my account, less the 20% Federal Income Tax withholding required.

Part B. ☐ Direct Rollover: I elect to have _____% of the benefit transferred directly to the trustee named below (for transfers less than 100%, the remainder of the account, less the mandatory 20% Federal Income Tax withholding will be paid to me at the above address).

Trustee Information for Spousal Beneficiary (only complete if Part B is checked): *Requires trustee official's signature*

Trustee Name: _____ Account Number: _____

Contact Person: _____ Phone No.: (_____) _____

Address: _____
Street Address or P. O. Box City State Zip

Type of account into which money will be transferred: **Roth IRA and Education IRA are not eligible plans.**

☐ 401 Qualified Retirement Plan ☐ 403(a) Annuity Contracts ☐ 403(b) Tax Sheltered Annuity
☐ 408(a) Individual Retirement Account ☐ 408(b) Individual Retirement Annuity ☐ Governmental Deferred

☐ Plan accepts non-taxable funds. ☐ Plan does not accept non-taxable funds.

Signature of Trustee Official _____ Date _____
Signature by trustee official affirms acceptance of transfer

■ **For Non-Spousal Beneficiary Only** (Please check either Part A or Part B):

Part A. ☐ Lump Sum Payment for Non-Spousal Beneficiary: I elect to receive (at the above address) full distribution of my account, less _____% for Federal Income Tax withholding. You may elect any percent to be withheld including zero percent. If no percent is elected, the RSA will automatically withhold 10%.

Part B. ☐ Direct Rollover: I elect to have _____% of the benefit transferred directly to the trustee named on the reverse side (for transfers less than 100%, the remainder of the account, less _____% Federal Income Tax withholding will be paid to me at the above address. You may elect any percent to be withheld including zero percent. If no percent withheld is elected, the RSA will automatically withhold 10%). **Non-spousal beneficiaries may only make a direct rollover to an Individual Retirement Account (408(a)) or Individual Retirement Annuity IRA (408(b)) that is established for that purpose and identifies it as an IRA with respect to a deceased individual.**

Trustee Information for Non-Spousal Beneficiary (only complete if Part B is checked): ***Requires trustee official's signature***

Trustee Name: _____ Account Number: _____

Contact Person: _____ Phone No.: (____) _____

Address: _____
Street Address or P. O. Box City State Zip

Type of account into which money will be transferred:

- ☐ 408(a) Individual Retirement Account ☐ 408(b) Individual Retirement Annuity
☐ Plan accepts non-taxable funds. ☐ Plan does not accept non-taxable funds.

Signature of Trustee Official _____ Date _____
Signature by trustee official affirms acceptance of transfer

PART III SIGNATURE AND NOTARIZATION

I, the undersigned, do hereby make application for the survivor benefit payable upon the death of the above named deceased member in accordance with the provisions of governing retirement laws. I certify that I have received the printed explanation entitled Special Tax Notice Regarding Plan Payments prior to signing this certification and waive the requirement of 30 days notice by checking one of the boxes in Part II and affirmatively elect to make or not make a direct rollover.

Signature of Beneficiary _____ Date _____

STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for payment, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

(Seal) Signature of Notary Public _____
My Commission Expires _____

PART IV EMPLOYER CERTIFICATION

Name of Employing Agency: _____

Last retirement contribution was included in the _____ report.
(Month or if state employee, last payroll check issue date)

Last day for which employee is paid: _____
Month Day Year

I hereby certify that the deceased ☐ **had** ☐ **had not** terminated employment prior to death. **(Required)**

Signature of Payroll Official _____ Date _____

INSTRUCTIONS FOR PAYMENT REQUEST

- Type or print in black ink.
- The beneficiary must complete Part I, Part II and Part III. If you elect a direct rollover, the trustee must complete the trustee information in Part II. The trustee official must verify if their plan accepts or does not accept non-taxable funds. The trustee official must also sign to affirm acceptance of the transfer.
- Part IV should be completed by the employing agency. The benefit payment will **not** be mailed until the Retirement Systems of Alabama (RSA) receives the member's final deposit, a certified original death certificate, and this form.
- Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.
- After this form has been completed, any address change must be submitted to RSA in writing and be signed by the beneficiary. Include your Social Security number on any correspondence.
- Consult the TRS or ERS Member handbook for more information on Death Prior to Retirement.

If you have any questions regarding the taxability of your benefit payment, contact the IRS or a tax advisor.

No portion of the benefit payment is subject to state of Alabama income tax.